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Medical Economics, July through December 1965

Each listing shows title of major article or short item (with dagger). First two figures following title indicate date of issue; last figure indicates page number in that issue on which the article or item starts. Back copies of MEDICAL ECONOMICS may be purchased, as long as the supply lasts, at \$1 each postpaid; Special Issues (7-12, 8-23, 9-6, 9-20, 11-15, 12-13), \$2 postpaid.

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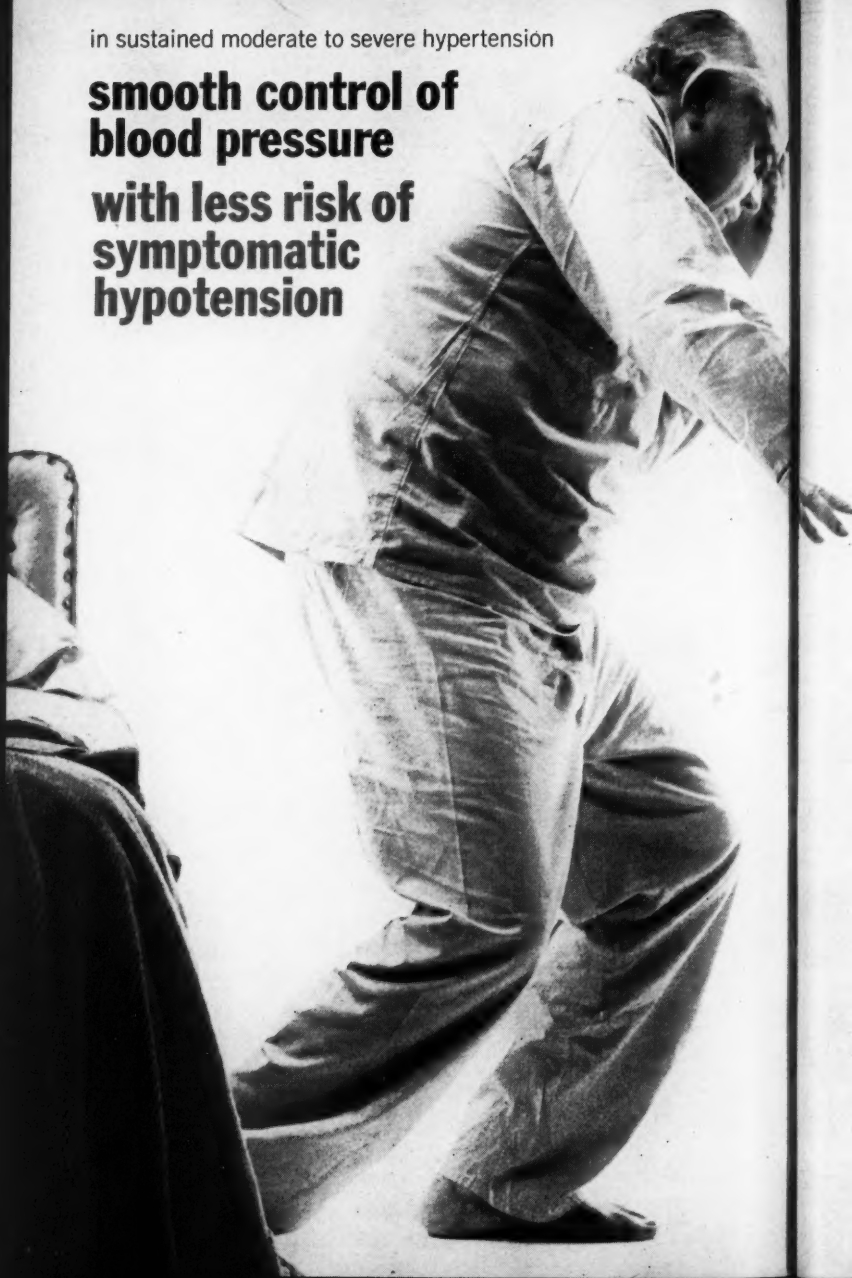
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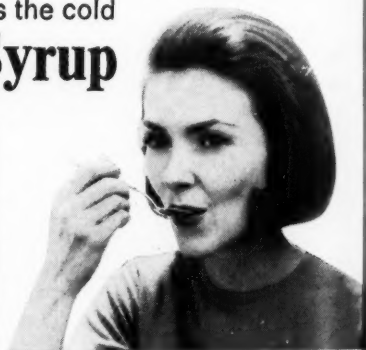
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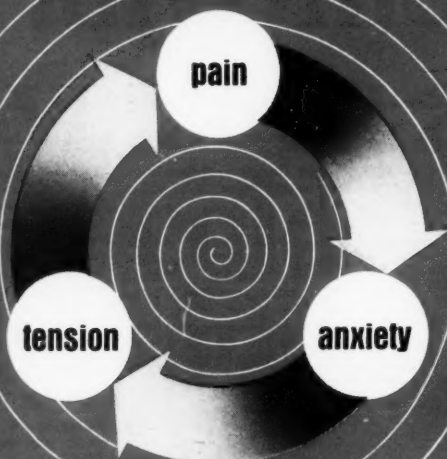
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helps break the "cure"-recurrence pattern in cystitis



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Warning: Reduce usual oral dosage and consider serum level determinations in patients with impaired renal function. Use of oxytetracycline during the last trimester of pregnancy, neonatal period and early childhood may cause discoloration of developing teeth.

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Note: With oxytetracycline, phototoxicity is unknown and photoallergy very rare. Sulfonamide therapy has been associated with deaths from hypersensitivity reactions, agranulocytosis, aplastic anemia, and other blood dyscrasias. Therefore, because of its sulfonamide content, Urobiotic should be used only after critical appraisal in patients with liver damage, renal damage, urinary obstruction, or blood dyscrasias. When used intermittently, or for a prolonged period, blood counts and liver and kidney function tests should be performed.

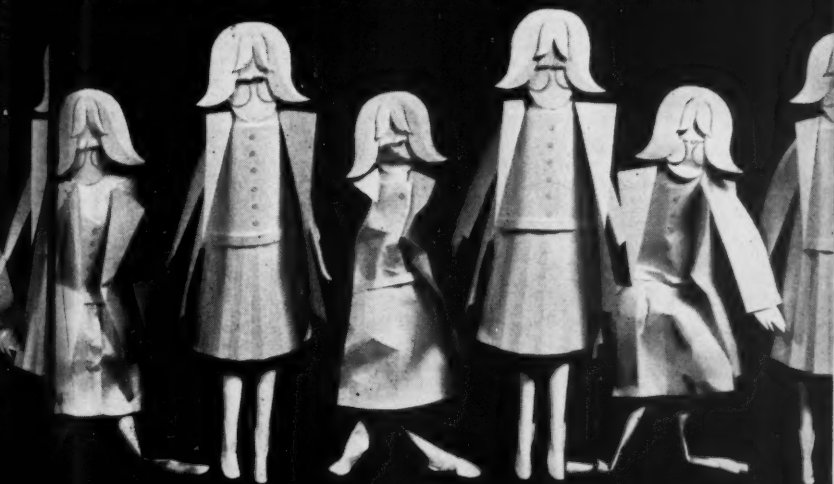
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or eradication, rather than suppression of the infection, consider Urobiotic. You can depend on its effectiveness in the urinary pathway. More important, it helps break the recurrence pattern by reaching antibacterial levels in the kidney—often the primary (and hidden) site of infection. Recurrence is also less likely with Urobiotic because it provides two highly effective antibacterial components. Terramycin and sulfamethizole differ in the way each interferes with the metabolism of causative organisms and, as a result, development of resistance may be more effectively impeded. A third component, phenazopyridine, provides prompt local analgesia, relieving dysuria, frequency and burning.



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**these are the
most common
characteristics of
the migraine patient**

**this is
the most commonly
prescribed agent
for the relief of migraine**

LIFE CHARACTERISTICS

Family history of migraine
Migraine more frequent among females than males
Migraine forerunners (car sickness, biliousness) frequently seen in childhood
Attacks increase in frequency with growing responsibilities (puberty, schooling, work, marriage, etc.)
Attacks increase during periods of stress and, especially in classic migraine, decrease in periods of relaxation and with age
Relief seen during pregnancy in about 80 per cent of cases of ordinary migraine
Relief in ordinary migraine is gained after major illnesses or operations. Prolonged illness may bring temporary remission

PERSONALITY CHARACTERISTICS

Tendency to intellectualize
Unusually ambitious
Tense, nervous temperament
Excessively rigid standards
Inability to express feelings
Sensitivity to criticism
Abnormal striving for success
Tendency to worry—doubts and fears
Strong need for approval
Inability to tolerate anger in self
Strong reaction to all stimuli
Attacks may be precipitated by
fatigue, loss of sleep, worry, hunger, anger, resentment, frustration, excitement, travel, crowds, strong smells, changes in humidity

FEMALE

usually relatively short, delicately built, neatly dressed, trim, highly intelligent, moves and speaks quickly, has tendency toward morning lassitude with energy peak in evening

MALE

shows no characteristic body build, is often well educated "brain worker", in a profession or semiprofession, overambitious, exaggerated sense of responsibility, takes perfectionist attitude toward self and others

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CAPSULES/oxytetracycline 250 mg., nystatin 250,000 units

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Terrastatin®

For Oral Suspension
oxytetracycline 125 mg., nystatin 125,000 units/5 cc.
Capsules
oxytetracycline 250 mg., nystatin 250,000 units

Contraindicated: In individuals hypersensitive to oxytetracycline or nystatin.
Warning: Reduce usual oral dosage and consider antibiotic serum level determinations in patients with impaired renal function.

Use of oxytetracycline during the last trimester of pregnancy, neonatal period and early childhood may cause discoloration of developing teeth.

During treatment with tetracyclines, individuals susceptible to photodynamic reactions should avoid direct sunlight; if such reactions occur, discontinue therapy.

Note: With oxytetracycline, phototoxicity is unknown and photoallergy very rare.

Precautions: Use of broad-spectrum antibiotics occasionally may result in overgrowth of nonsusceptible organisms. Where such infections occur, discontinue oxytetracycline and institute specific therapy. Increased intracranial pressure in infants is a possibility. Symptoms disappear upon discontinuation of therapy.

Adverse Reactions: Nausea, diarrhea, glossitis, stomatitis, proctitis, vaginitis and dermatitis, as well as reactions of an allergic nature, may occur but are rare.

Supply: Terrastatin Capsules: oxytetracycline, 250 mg. and nystatin, 250,000 units. Terrastatin for Oral Suspension: oxytetracycline, 125 mg. and nystatin, 125,000 units per 5 cc. (when reconstituted).

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